

REQUEST FOR SAFETY FOOTWEAR

(Please Print or Type)

Name (Last, First, Middle Initial) _____	Inst. _____	Bldg./Room _____/_____
	Branch _____	Telephone _____
_____, _____, _____		Pager/Cell _____

Occupation _____	Shoe Size _____	New Issue _____	Replace _____	6" Boot _____	Oxford _____	Other _____
				Shoe Style Required for Job		

This employee is eligible for Government provided safety footwear because of duties which are considered to present a serious foot injury hazard.*

Supervisor (Section or Branch Chief)	Date _____	Bldg/Room _____/_____
Name (Print) _____		Telephone _____
Signature _____		

(For vendor use only)				
Type of Footwear Issued	Size	Style	Stock#	Date
_____	_____	_____	_____	_____
				Cost
				\$ _____

_____ Signature of Project Officer	Date _____
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_____ Signature of Person Receiving Safety Footwear	Date _____
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*When new shoes are needed in less than 12 months, the Supervisor must provide an explanation (nature of work, etc.) and advise the employee to present the old shoes to the vendor for inspection.

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Telephone: (301) 496-3353